

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

HASTINGS FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Ms BARBARA HOBBS BARBARA HOBBS FOR CIRCUIT JUDGE Esq.

Mailing Address P.O. BOX 10835

City	State	Zip Code
TALLAHASSEE	FL	32302

Purpose of Disbursement
CAMPAIGN DONATION

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		06		2012

Amount of Each Disbursement this Period

500.00

Transaction ID : SB21.20821

B. BETTYS RESTAURANT & BETTYS RESTAURANT & BBQ

Mailing Address 601 NW 22 ROAD

City	State	Zip Code
FT LAUDERDALE	FL	33311

Purpose of Disbursement
CATERING FOR DR. SHIRLEY FUNERAL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		02		2012

Amount of Each Disbursement this Period

500.00

Transaction ID : SB21.20813

C. CAPPS, LOIS

Mailing Address 1019 CHAPALA STREET

City	State	Zip Code
SANTA BARBARA	CA	93101

Purpose of Disbursement
CAMPAIGN DONATION

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: CA District: 24

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		11		2012

Amount of Each Disbursement this Period

500.00

Transaction ID : SB21.20836

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1500.00